

REMARKS

The present application stands with pending claims 1-4, 6-23 and 25-28; where only claims 1 and 28 are independent.

As a preliminary matter, Applicants believe the Examiner should recite the Gilbreth reference on a PTO-892 form and please explain how the action can be “Final” when this new reference is cited in an Office Action responding to Response E which did not include claim amendments. If no explanation can be provided, please remove the finality designation.

Applicants note that all of the rejections in the outstanding office action are exactly the same as the rejections in the office action of September 4, 2004 except that the Examiner adds a Gilbreth reference as discussed below. Applicants fully incorporate herein our arguments from our Response E for this Office Action and add the following remarks.

Claims 1, 3, 4, 6-8, 11-13, 16, 21-23, 25-28 stand rejected under 35 U.S.C. §103 as being obvious to LeVander (U.S. 6,216,108) in view of Conway (U.S. 5,732,401) and Dossett (Industrial Engineering Journal “Work Measured Labor Standards – The state of the art.”) and seemingly in light of Gilbreth (copies of pertinent section enclosed) as discussed below. In response, Applicants traverse because no motivation exists to modify LeVander to add the features disclosed in Conway, Dossett (and even Gilbreth) to derive all of the features recited in claims 1 and 28.

Both claims 1 and 28 recite *inter alia*:

said human operator using an operator independent method of task time measurement based on independently timing each motion in a procession of motions required to perform said healthcare task without timing from a beginning of said healthcare task to an end of said healthcare task a human performing said healthcare task

The Examiner asserts that LeVander discloses “an operator independent method of task time measurement” (OA, Page 3, par. 5). However, LeVander does not disclose (1) application to healthcare tasks, nor (2) timing each motion in a procession of motions (one such process is called MOST (Maynard Operation Sequence Technique) as explained in Response E).

The Examiner asserts that Conway discloses application to healthcare tasks as recited in the claims and Dossett discloses motion analysis including MOST (OA, Page 4).

**Summary of the Applicant's Responses and Arguments
from Response E Repeated Here**

Applicants responded by stating that MOST has never been applied to the healthcare field before Applicants accomplishments (see Response E, page 10) and provided at least two further main arguments:

(A) First, Applicants responded that no motivation to combine these references exists because the references teach away from the present invention (Response E, pages 11-12).

(1) Conway teaches timing of healthcare tasks but teaches that only the length of time medical personnel are in a certain room, such as an operating room, should be timed, strongly implying that it is too difficult to time individual motions or tasks performed by medical personnel within the room as explained in detail in response E. Thus, Conway teaches away from timing each motion in the healthcare field as claimed.

(2) Dossett merely teaches application of MOST to short cycle, highly repetitive tasks (i.e. repetitive motions by a person), and no where is there any evidence that healthcare tasks fall into such a category. Thus, Dossett teaches away from applying MOST to the healthcare field.

(B) Second, Applicants responded that no motivation to combine the references exists because no desirability for the combination exists (Response E, pages 13-14).

The Examiner uses a very general motivation for combining the references: “for the benefit of efficiently determining the actual cost of procedures and determining the particular efficiency of a particular care giver” (OA Page 4, lines 15-18). This “motivation” is so vague that it can apply to any field and any method task costing. It does not specifically reveal the desirability of applying MOST to healthcare tasks. Thus:

- (1) Since each of the references disclose different methods of task timing, no clear teaching exists to modify and improve any of the other references.
- (2) More specifically, LeVander does not disclose any specific “problem” that can or is improved by the other two references.

The Examiner’s Current Assertions in Response to Response E

First, the Examiner responds that the steps (presumably disclosed by LeVander) are the same for healthcare and that the steps from LeVander will “obviously be applicable to any industry.” In response, no proof for this statement exists, and the Examiner simply assumes it. LeVander simply discloses timing of tasks (e.g., historical and actual timing data) without disclosing exactly how the timing was performed (Col. 4, lines 5-6 and Col. 9, line 1, *et seq.*). In contrast to the Examiner’s statement, it is long assumed that healthcare tasks were believed to be too varied for efficient timing of tasks.

The Examiner also asserts that Conway supports that timing of tasks in the health care field is obvious. But as mentioned before, Conway merely discloses timing how long a medical

person is inside a room designated for a specific purpose such as an operation. LeVander's use of the word task is not understood to be the same thing as the "purpose" in Conway where a single time period can include hundreds of tasks as the word is used by LeVander. Thus, Conway provides absolutely no support for timing individual "tasks" as reasonably understood by LeVander for the healthcare field.

Second, for proving that timing of individual motions was applied to the medical field, the Examiner asserts that the 1950s book and original film "Cheaper by the Dozen" about Frank B. Gilbreth discloses "the obvious leap to the healthcare field in his motion study.... Gilbreth broke each process down into its component steps and looked for efficiencies by studying those who performed a job more quickly as taught by Conway to determine the particular efficiency of a caregiver."

Applicants reviewed the book and original film, and conclude that these "references" (hereinafter referred to collectively as Gilbreth) still does not teach using MOST or timing individual motions for healthcare tasks without simply timing the entire task as recited in claims 1 and 28. First, it should be noted that the facts in the book and film might be somewhat suspect because the stories in the book seem to be based mostly on memories and not documented facts.

Second, even assuming *arguendo* that the book and film are factual, the chapter referred to by the Examiner as "motion analysis" discloses Gilbreth timing the duration, from start to finish, of a medical operation, and specifically, a tonsillectomy. Gilbreth watches the motions and tasks performed by the doctors and then suggests which series of motions are obviously inefficient or "waste" and should be eliminated in order to speed up the operation. For example, the doctor walks around the operating table to obtain a tool instead of simply asking the nurse to

hand the tool to him (page 84, last paragraph). Gilbreth, therefore, is merely looking for obviously unproductive series of movements to determine if a series of motions should be eliminated (page 90, 1st par.). He is not breaking tasks down to individual motions (such as each movement of an arm and hand to pick up an object).

In addition, Gilbreth is concerned with the total time of an operation, not the time of an individual motion. Thus, Gilbreth merely discloses timing the entire operation (page 88, last par.). It does not disclose independently timing each motion without timing an entire task as recited in claims 1 and 28. Therefore, Gilbreth cannot possibly teach that timing of individual motions should be used with healthcare tasks as claimed.

For these reasons, that neither Conway nor Dossett (nor Gilbreth) can be combined with LeVander to derive the presently claimed invention, Applicants submit that the §103 rejection of claim 1 and 28, and their depending claims 3, 4, 6-8, 11-13, 16, 21-23, and 25-27 based on LeVander in view of Dossett and Conway (and in light of Gilbreth) has been overcome, and respectfully request that the §103 rejection of these claims be withdrawn.

Claims 2 and 14 stand rejected under 35 U.S.C. §103 as being obvious to LeVander (U.S. 6,216,108) in view of Conway (U.S. 5,732,401) and Dossett and Isherwood (U.S. 5,918,219). Claims 15, 17-20 stand rejected under 35 U.S.C. §103 as being obvious to LeVander (U.S. 6,216,108) in view of Conway (U.S. 5,732,401) and Dossett and Dangat et al. (U.S. 5,971,585). Claims 9-10 stand rejected under 35 U.S.C. §103 as being obvious to LeVander (U.S. 6,216,108) in view of Conway (U.S. 5,732,401) and Dossett and Nick (U.S. 6,009,406).

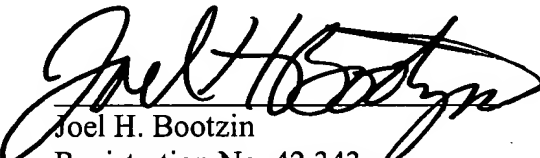
In response to all of these rejections, these claims all depend directly or indirectly from claims 1 or 28, and therefore include all of the features from claims 1 or 28 plus other features.

Thus, Applicants repeat the arguments from above that LeVander, Conway and Dossett (and Gilbreth) nor the other cited references: Isherwood, Dangat and Nick, alone or in combination, disclose or suggest timing motions of healthcare tasks to determine the duration of the healthcare task as recited in claims 1 and 28. For these reasons, Applicants submit that the §103 rejection of claims 2, 9, 10, 14, 15, and 17-20 based on LeVander in view of Dossett and Conway and the other cited references has been overcome, and respectfully request that the §103 rejection of these claims be withdrawn.

For the foregoing reasons, Applicants respectfully request consideration and allowance of all pending claims. The Examiner is invited to contact the undersigned attorney if an interview would expedite prosecution.

No fee is thought to be due in conjunction with the submission of this Amendment. However, the Director is hereby authorized to charge any deficiency to Deposit Account No. 18-2284 of Piper Rudnick, duplicate copy attached.

Respectfully submitted,


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July 15, 2004

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FRANK B. GILBRETH JR. was born in 1911 in Plainfield, New Jersey, and graduated from the University of Michigan. He became a lieutenant commander in the U.S. Navy during World War II and received a Bronze Star and Air Medal. In 1947, he joined the staff of what is now the *Post and Courier* in Charleston, South Carolina. A columnist and reporter, he authored and co-authored several books, including *Elles on Their Toes* (with Ernestine Gilbreth Carey), *How to Be a Father*, and *Time Out for Happiness*. In 1950, he was corecipient (with his sister) of the French International Humor Award for *Cheaper by the Dozen*. He died in 2001.

ERNESTINE GILBRETH CAREY was born in 1908 in New York City and graduated as an English major from Smith College. In 1930, soon after graduation, she began fourteen years of New York City department store buying and management. Meanwhile, she married and had two children. A writer and lecturer, she has authored and coauthored seven books, including *Elles on Their Toes* (with Frank Gilbreth Jr.), *Jumping Jupiter*, *Rings around Us*, and *Ciddy Moment*. In 1950 she was corecipient (with her brother) of the French International Humor Award for *Cheaper by the Dozen*. She lives in Reedley, California.

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frank b. gilbreth jr. and
ernestine gilbreth carey



Cheaper by the Dozen

With a New Preface by Ernestine Gilbreth Carey



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To Dad who o
To Mother wt

Motion Study Tonsils

Dad thought the best way to deal with sickness in the family was simply to ignore it.

"We don't have time for such nonsense," he said. "There are too many of us. A sick person drags down the performance of the entire group. You children come from sound pioneer stock. You've been given health, and it's your job to keep it. I don't want any excuses. I want you to stay well."

Except for measles and whooping cough, we obeyed orders. Doctors' visits were so infrequent we learned to identify them with Mother's having a baby.

Dad's mother, who lived with us for awhile, had her own secret for warding off disease. Grandma Gilbreth was born in Maine, where she said the seasons were Winter, July, and August. She claimed to be an expert in combating cold weather and in avoiding head colds.

Her secret prophylaxis was a white bag, filled and saturated with camphor, which she kept hidden in her bosom. Grandma's bosom offered ample hiding space not only for the camphor but for her eyeglasses, her handkerchief, and, if need be, for the bed-spread she was crocheting.

Each year, as soon as the first frost appeared, she made twelve identical white, camphor-filled bags for each of us.

"Mind what Grandma says and wear these all the time," she told us. "Now if you bring home a cold it will be your own blessed fault, and I'll skin you alive."

Grandma always was threatening to skin someone alive, or draw and quarter him, or scalp him like a red Indian, or spank him till his bottom blistered.

Grandma averred she was a great believer in "spare the rod and spoil the child." Her own personal rod was a branch from a lilac bush, which grew in the side lawn. She always kept a twig from this bush on the top of her dresser.

"I declare, you're going to catch it now," she would say. "Your mother won't spank you and your father is too busy to spank you, but your grandma is going to spank you till your bottom blisters."

Then she would swing the twig with a vigor which belied her years. Most of her swings were aimed so as merely to whistle harmlessly through the air. She'd land a few light licks on our legs, though, and since we didn't want to hurt her feelings we'd scream and holler as if we were receiving the twenty-one lashes from a Spanish inquisitor. Sometimes she'd switch so vigorously at nothing that the twig would break.

"Ah, you see? You were so bad that I had to break my whip on you. Now go right out in the yard and cut me another one for next time. A big, thick one that will hurt even more than this one. Go along now. March!"

On the infrequent occasions when one of us did become sick enough to stay in bed, Grandma and Dad thought the best treatment was the absent treatment.

"A child abed mends best if left to himself," Grandma said, while Dad nodded approval. Mother said she agreed, too, but then she proceeded to wait on the sick child hand and foot.

"Here, darling, put my lovely bed jacket around your shoul-

Grandma fumbled down her dress and put on her glasses. She peered into Dad's face.

"I declare, Frank Gilbreth," she told him, "sometimes I think you're more trouble than all of your children. Red ink! And you think it's a joke to scare a body half to death. Red ink!"

"A joke," Dad repeated.

"Very funny," Grandma muttered as she stalked out of the room. "I'm splitting my sides."

Dad sat there glumly.

"Is it red ink, Daddy?" we asked, and we agreed with him that it was, indeed, a very good joke. "Is it? You really had us fooled."

"You'll have to ask your grandma," Dad sulked. "She's a very smart lady. She knows it all."

Martha, who appeared immune to measles, nevertheless wasn't allowed to come into the wards. She couldn't go to school, since the house was quarantined, and the week or two of being an "only child" made her so miserable that she lost her appetite. Finally, she couldn't stand it any more, and sneaked into the sick rooms to visit us.

"You know you're not allowed in here," said Anne. "Do you want to get sick?"

Martha burst into tears. "Yes," she sobbed. "Oh, yes."

"Don't tell us you miss us? Why, I should think it would be wonderful to have the whole downstairs to yourself, and to be able to have Mother and Dad all by yourself at dinner."

"Dad's no fun any more," said Mart. "He's nervous. He says the quiet at the table is driving him crazy."

"Tell him that's not of general interest," said Ern.

It was shortly after the measles epidemic that Dad started applying motion study to surgery to try to reduce the time required for certain operations.

"Surgeons really aren't much different from skilled mechan-

ics," Dad said, "except that they're not so skilled. If I can get to study their motions, I can speed them up. The speed of an operation often means the difference between life and death."

At first, the surgeons he approached weren't very cooperative. "I don't think it will work," one doctor told him. "We aren't dealing with machines. We're dealing with human beings. No two human beings are alike, so no set of motions could be used over and over again."

"I know it will work," Dad insisted. "Just let me take some moving pictures of operations and I'll show you."

Finally he got permission to set up his movie equipment in an operating room. After the film was developed he put it in the projector which he kept in the parlor and showed us what he had done.

In the background was a cross-section screen and a big clock with "GILBRETH" written across its face and a hand which made a full revolution every second. Each doctor and nurse was dressed in white, and had a number on his cap to identify him. The patient was on an operating table in the foreground. Off to the left, clad in a white sheet, was something that resembled a snow-covered Alp. When the Alp turned around, it had a stopwatch in its hand. And when it smiled at the camera you could tell through the disguise that it was Dad.

It seemed to us, watching the moving pictures, that the doctors did a rapid, business-like job of a complicated abdominal operation. But Dad, cranking the projector in back of us, kept hollering that it was "stupidity incorporated."

"Look at that boob—the doctor with No. 3 on his cap. Watch what he's going to do now. Walk all the way around the operating table. Now see him reach way over there for that instrument? And then he decides that he doesn't want that one after all. He wants this one. He should call the instrument's name, and that nurse—No. 6, she's his caddy—should hand it to him. That's what she's there for. And look at his left hand—

dangling there at his side. Why doesn't he use it? He could work twice as fast."

The result of the moving picture was that the surgeons involved managed to reduce their ether time by fifteen percent. Dad was far from satisfied. He explained that he needed to take moving pictures of five or six operations, all of the same type, so that he could sort out the good motions from the wasted motions. The trouble was that most patients refused to be photographed, and hospitals were afraid of lawsuits.

"Never mind, dear," Mother told him. "I'm sure the opportunity will come along eventually for you to get all the pictures that you want."

Dad said that he didn't like to wait; that when he started a project, he hated to put it aside and pick it up again piecemeal whenever he found a patient, hospital, and doctor who didn't object to photographs. Then an idea hit him, and he snapped his fingers.

"I know," he said. "I've got it. Dr. Burton has been after me to have the kids' tonsils out. He says they really have to come out. We'll rig up an operating room in the laboratory here, and take pictures of Burton."

"It seems sort of heartless to use the children as guinea pigs," Mother said doubtfully.

"It does for a fact. And I won't do it unless Burton says it's perfectly all right. If taking pictures is going to make him nervous or anything, we'll have the tonsils taken out without the motion study."

"Somehow or other I can't imagine Dr. Burton being nervous," Mother said.

"Me either. I'm going to call him. And you know what? I feel a little guilty about this whole deal. So, as conscience-balm, I'm going to let the old butcher take mine out, too."

"I feel a little guilty about the whole deal, too," said Mother. "Only thank goodness I had mine taken out when I was a girl."

Dr. Burton agreed to do the job in front of a movie camera.

"I'll save you for the last, Old Pioneer," he told Dad. "The best for the last. Since the first day I laid eyes on your great, big, beautiful tonsils, I knew I wouldn't be content until I got my hands on them."

"Stop drooling and put away your scalpel, you old flatterer you," said Dad. "I intend to be the last. I'll have mine out after the kids get better."

Dr. Burton said he would start with Anne and go right down the ladder, through Ernestine, Frank, Bill, and Lillian.

Martha alone of the older children didn't need to have her tonsils out, the doctor said, and the children younger than Lillian could wait awhile.

The night before the mass operation, Martha was told she would sleep at the house of Dad's oldest sister, Aunt Anne.

"I don't want you underfoot," Dad informed her. "The children who are going to have their tonsils out won't be able to have any supper tonight or breakfast in the morning. I don't want you around to lord it over them."

Martha hadn't forgotten how we neglected her when she finally came down with the measles. She lorded it over us plenty before she finally departed.

"Aunt Anne always has apple pie for breakfast," she said, which we all knew to be perfectly true, except that sometimes it was blueberry instead of apple. "She keeps a jar of doughnuts in the pantry and she likes children to eat them." This, too, was unfortunately no more than the simple truth. "Tomorrow morning, when you are awaiting the knife, I will be thinking of you. I shall try, if I am not too full, to dedicate a doughnut to each of you."

She rubbed her stomach with a circular motion, and puffed out her cheeks horribly as if she were chewing on a whole doughnut. She opened an imaginary doughnut jar and helped herself to another, which she rammed into her mouth.

"My goodness, Aunt Anne," she said, pretending that that lady was in the room, "those doughnuts are even more delicious than usual." . . . "Well, why don't you have another, Martha?" . . . "Thanks, Aunt Anne, I believe I will." . . . "Why don't you take two or three, Martha?" . . . "I'm so full of apple pie. I don't know whether I could eat two more, Aunt Anne. But since it makes you happy to have people eat your cooking, I will do my best."

"Hope you choke, Martha, dear," we told her.

The next morning, the five of us selected to give our tonsils for motion study assembled in the parlor. As Martha had predicted, our stomachs were empty. They growled and rumbled. We could hear beds being moved around upstairs, and we knew the wards were being set up again. In the laboratory, which adjoined the parlor, Dad, his movie cameraman, a nurse, and Dr. Burton were converting a desk into an operating table, and setting up the cross-section background and lights.

Dad came into the parlor, dressed like an Alp again. "All right, Anne, come on." He thumped her on the back and smiled at the rest of us. "There's nothing to it. It will be over in just a few minutes. And think of the fun we'll have looking at the movies and seeing how each of you looks when he's asleep."

As he and Anne went out, we could see that his hands were trembling. Sweat was beginning to pop through his white robe. Mother came in and sat with us. Dad had wanted her to watch the operations, but she said she couldn't. After awhile we heard Dad and a nurse walking heavily up the front stairs, and we knew Anne's operation was over and she was being carried to bed.

"I know I'm next, and I won't say I'm not scared," Ernestine confided. "But I'm so hungry all I can think of is Martha and that pie. The lucky dog."

"And doughnuts," said Bill. "The lucky dog."

"Can we have pie and doughnuts after our operations?" Lill asked Mother.

"If you want them," said Mother, who had had her tonsils out.

Dad came into the room. His robe was dripping sweat now. It looked as if a spring thaw had come to the Alps.

"Nothing to it," he said. "And I know we got some great movies. Anne slept just like a baby. All right, Ernestine, girl. You're next, let's go."

"I'm not hungry anymore," she said. "Now I'm just scared."

A nurse put a napkin saturated with ether over Ern's nose. The last thing she remembered was Mr. Coggin, Dad's photographer, grinding away at the camera. "He should be cranking at two revolutions a second," she thought. "I'll count and see if he is. And one and two and three and four. That's the way Dad says to count seconds. You have to put the 'and' in between the numbers to count at the right speed. And one and two and three . . ." She fell asleep.

Dr. Burton peered into her mouth.

"My God, Glibreth," he said. "I told you I didn't want Martha."

"You haven't got Martha," Dad said. "That's Ernestine."

"Are you sure?"

"Of course I'm sure, you jackass. Don't you think I know my own children?"

"You must be mistaken," Dr. Burton insisted. "Look at her carefully. There, now, isn't that Martha?"

"You mean to say you think I can't tell one child from another?"

"I don't mean to say anything, except if that isn't Martha we've made a horrible mistake."

"We?" Dad squealed. "We? I've made no mistake. And I hope I'm wrong in imagining the sort of a mistake you've made."

"You see, all I know them by is their tonsils," said Dr. Burton.

"I thought these tonsils were Martha. They were the only pair that didn't have to come out."

"No," moaned Dad. "Oh, no!" Then, growing indignant: "Do you mean to tell me you knocked my little girl unconscious for no reason at all?"

"It looks as if I did just that, Gilbreth. I'm sorry, but it's done. It was damned careless. But you do have an uncommon lot of them, and they all look just alike to me."

"All right, Burton," Dad said. "Sorry I lost my temper. What do we do?"

"I'm going to take them out anyway. They'd have to come out eventually at any rate, and the worst part of an operation is dreading it beforehand. She's done her dreading, and there's no use to make her do it twice."

As Dr. Burton leaned over Ernestine, some reflex caused her to kneel him in the mouth.

"Okay, Ernestine, if that's really your name," he muttered. "I guess I deserved that."

As it turned out, Ernestine's tonsils were recessed and bigger than the doctor had expected. It was a little messy to get at them, and Mr. Coggin, the movie cameraman, was sick in a wastebasket.

"Don't stop cranking," Dad shouted at him, "or your tonsils will be next. I'll pull them out by the roots, myself. Crank, by jingo, crank."

Mr. Coggin cranked. When the operation was over, Dad and the nurse carried Ernestine upstairs.

When Dad came in the parlor to get Frank, he told Mother to send someone over to Aunt Anne's for Martha.

"Apple pie, doughnuts or not, she's going to have her tonsils out," he said. "I'm not going to go through another day like this one again in a hurry."

Frank, Bill, and Lillian had their tonsils out, in that order. Then Martha arrived, bawling, kicking, and full of pie and doughnuts.

"You said I didn't have to have my tonsils out, and I'm not

going to have my tonsils out," she screamed at the doctor. Before he could get her on the desk which served as the operating table, she kicked him in the stomach.

"The next time I come to your house," he said to Dad as soon as he could get his breath, "I'm going to wear a chest protector and a catcher's mask." Then to the nurse: "Give some ether to Martha, if that's really her name."

"Yes, I'm Martha," she yelled through the towel. "You're making a mistake."

"I told you she was Martha," Dad said triumphantly.

"I know," Dr. Burton said. "Let's not go into that again. She's Martha, but I've named her tonsils Ernestine. Open your mouth, Martha, you sweet child, and let me get Ernestine's tonsils. Crank on, Mr. Coggin. Your film may be the first photographic record of a man slowly going berserk."

All of us felt terribly sick that afternoon, but Martha was in agony.

"It's a shame," Grandma kept telling Martha, who was named for her and was her especial pet. "They shouldn't have let you eat all that stuff and then brought you back here for the butchering. I don't care whether it was the doctor's fault or your father's fault. I'd like to skin them both alive and then scalp them like red Indians."

While we were recuperating, Dad spent considerable time with us, but minimized our discomforts, and kept telling us we were just looking for sympathy.

"Don't tell me," he said. "I saw the operations, didn't I? Why there's only the little, tiniest cut at the back of your throat. I don't understand how you can do all that complaining. Don't you remember the story about the Spartan boy who kept his mouth shut while the fox was chewing on his vitals?"

It was partly because of our complaining, and the desire to show us how the Spartan boy would have had his tonsils out, that Dad decided to have only a local anesthetic for his opera-

tion. Mother, Grandma, and Dr. Burton all advised against it. But Dad wouldn't listen.

"Why does everyone want to make a mountain out of a molehill over such a minor operation?" he said. "I want to keep an eye on Burton and see that he doesn't mess up the job."

The first day that we children were well enough to get up, Dad and Mother set out in the car for Dr. Burton's office. Mother had urged Dad to call a taxi. She didn't know how to drive, and she said Dad probably wouldn't feel like doing the driving on the way home. But Dad laughed at her qualms.

"We'll be back in about an hour," Dad called to us as he tested his three horns to make sure he was prepared for any emergency. "Wait lunch for us. I'm starving."

"You've got to hand it to him," Anne admitted as the Pierce Arrow bucked up Wayside Place. "He's the bee's knees, all right. We were all scared to death before our operations. And look at him. He's looking forward to it."

Two hours later, a taxicab stopped in front of the house, and the driver jumped out and opened the door for his passengers. Then Mother emerged, pale and red-eyed. She and the driver helped a crumpled mass of moaning blue serge to alight. Dad's hat was rumpled and on sideways. His face was gray and sagging. He wasn't crying, but his eyes were watering. He couldn't speak and he couldn't smile.

"He's sure got a load on all right, Mrs. Gilbreth," said the driver enviously. "And still early afternoon, too. Didn't even know he touched the stuff, myself."

We waited for the lightning to strike, but it didn't. The seriousness of Dad's condition may be adjudged by the fact that he contented himself with a withering look.

"Keep a civil tongue in your head," said Mother, in one of the sharpest speeches of her career. "He's deathly ill."

Mother and Grandma helped Dad up to his room. We could hear him moaning, all the way downstairs.

Mother told us all about it that night, while Dad was snoring under the effects of sleeping pills. Mother had waited in Dr. Burton's ante-room while the tonsillectomy was being performed. Dad had felt wonderful while under the local anesthetic. When the operation was half over, he had come out into the ante-room, grinning and waving one tonsil in a pair of forceps.

"One down and one to go, Lillie," he had said. "Completely painless. Just like rolling off a log."

After what had seemed an interminable time, Dad had come out into the waiting room again, and reached for his hat and coat. He was still grinning, only not so wide as before.

"That's that," he said. "Almost painless. All right, Boss, let's go. I'm still hungry."

Then, as Mother watched, his high spirits faded and he began to fall to pieces.

"I'm stabbed," he moaned. "I'm hemorrhaging. Burton, come here. Quick. What have you done to me?"

Dr. Burton came out of his office. It must be said to his credit that he was sincerely sympathetic. Dr. Burton had had his own tonsils out.

"You'll be all right, Old Pioneer," he said. "You just had to have it the hard way."

Dad obviously couldn't drive, so Mother had called the taxi. A man from the garage towed Foolish Carriage home later that night.

"I tried to drive it home," the garage man told Mother, "but I couldn't budge it. I got the engine running all right, but it just spit and bucked every time I put it in gear. Durnedest thing I ever saw."

"I don't think anyone but Mr. Gilbreth understands it," Mother said.

Dad spent two weeks in bed, and it was the first time any of us remembered his being sick. He couldn't smoke, eat, or talk. But he could glare, and he glared at Bill for two full minutes